



## MERAS Roster Principles

### Principles

The parties agree that to the extent they are capable they will ensure Midwifery workforce planning and rostering meets patient and maternity care service requirements, whilst providing sufficient education opportunities and a reasonable work/life balance for employed midwives (MERAS MECA 1.2 o)

The appropriate budget is funded so that the agreed staffing numbers can be provided each shift.

### Definitions:

**Roster:** means a list of midwives and the shifts they are required to work over a period of time (MERAS MECA definitions)

**Roster request:** this is generally an indication by the midwife as to particular days that she would like off duty, or where she would like to work a particular shift on a day. Roster requests are not the way to indicate a preferred shift pattern (see semi-self rostering)

**Semi-self rostering:** this is where midwives might indicate their preferred roster pattern on the draft roster. In these situations, midwives should still indicate roster requests as the roster coordinator may need to adjust the indicated roster pattern.

**Shift preference:** this is where midwives have a preference to work particular shifts or days of the week. Shift preferences can often be supported where these are unpopular shifts (eg nights).

**Set roster pattern:** this is where there is an agreement for a midwife to work set days of the week each roster or a set roster pattern (rolling roster). This is generally done as a roster preference rather than being employed to just do those days or shift patterns. These roster patterns should have a review period to ensure they continue to meet the needs of the service and the midwives as staff needs change.

## **Development of the Roster**

- In designing and implementing shift rosters to meet service needs, the employer will work with the midwives involved to ensure the disruption, personal health effects and fatigue associated with shift work is minimised (MERAS MECA 8.0)
- Rosters will be published not less than 28 days prior to when they apply and then can be changed only by mutual agreement. Less notice may be given in exceptional circumstances (MERAS MECA 8.0)
- An agreed system (such as draft roster) is in place for midwives to record roster requests, shift preferences and preferred shift patterns before the roster is developed.
- Every effort should be made to accommodate roster requests.
- Any approved education days, annual leave or meetings will be noted on the draft roster.
- Midwives who do not have approved shift preferences should expect a balanced allocation of shifts in any roster based on hours worked. For those doing 8 hour shifts a third of shifts will be AM, a third PM and a third night shifts. For those working 12 hour shifts, 50% will be days or nights.
- The number of shift changes between any period of work (a run of shifts between days off) should be minimised unless more are requested to a maximum of 2 shift changes in any period of work.
- Midwives should not be rostered one-off night shifts except where this has been requested by the midwife.
- Rosters may be for a 4 or 6 week period with hours rostered within every two week period to reflect the pay periods. In specific instances the ordinary hours for a full-time midwife may be averaged over a roster cycle greater than one fortnight (MERAS MECA 8.2 a).
- The development of the roster may be delegated to a midwife to complete but the Midwife Manager has final sign off.
- The roster will be developed in the week prior to publication date.

- The roster should be completed for those midwives who work most hours first, ensuring they have a fair and evenly distributed roster pattern with a variety of days off.
- Midwives should anticipate to work at least one and a half weekends each 4 week period unless their preference is to work more or less.
- Once the roster is complete midwives may swap shifts with colleagues, but this needs to be approved by the Midwife Manager and 48-hours' notice given.
- Where there are gaps in the roster these shifts should be offered to permanent part-time midwives in the first two weeks after the roster is published and then those remaining shifts should be offered to casual midwives (MERAS MECA 8.2 f)
- Rosters should ensure skill mix is balanced across shifts and that there is an experienced midwife familiar with the ward area rostered each shift who is able to provide clinical leadership.
- Rostering should ensure that new graduate midwives, those on orientation or midwives who do not meet the criteria for QLP confident domain are not the senior midwife on the shift. Where this cannot be achieved redeploying midwives from another ward area should be considered, otherwise the Duty Manager should be notified, and an incident report completed.

### **Rostering Flexibility**

- Due to the nature of the midwifery role, flexible hours of work arrangements may enhance the continuity of services provided to women, as well as lead to a greater sense of job satisfaction for midwives. Accordingly, the parties agree that the employer and midwives will be open to exploring alternative rostering arrangements, where these alternative rostering arrangements may enhance service provision and job satisfaction for midwives (MERAS MECA 8.0).
- Where midwives personal circumstances limit the days/ nights they can work consideration may be given to set roster patterns where these do not adversely impact on the roster of others (such as the same days/ nights of the week)
- Where midwives have shift preferences, these should be supported where they are beneficial to the service (e.g night shifts).
- Prior to commencing parental leave, a midwife may request changes to their roster where they are struggling to maintain their health through working nightshifts. The employer will make reasonable endeavours to accommodate such requests should they be made (MERAS MECA 32.0).

## **Hours of work and rest periods**

- Midwives will normally work 8 or 12 hours shifts except that by mutual agreement between the employer and the midwife they may work shifts of no less than 4 hours and up to 12 hours. Duty hours must be consecutive except for unpaid meal breaks (MERAS MECA 8.2b).
- Except in an emergency, no midwife shall work more than seven shifts equal to or less than 8 hours, five 10 hour shifts or four 12 hour shifts (MERAS MECA 8.2 C)
- Every midwife shall have at least two periods of at least 24 hours off duty each week and except in the case of emergencies or by agreement, these shall be consecutive. Wherever three consecutive 12 hour shifts are worked, a minimum of 3 consecutive 24 hour periods off duty will be provided if possible. If four consecutive 12 hour shifts or five 10 shifts are worked a minimum of 3 consecutive 24 hour periods shall be granted. Notwithstanding the foregoing, these off-duty periods may fall separately no more than once every four weeks at the request of the midwife or/by mutual agreement to facilitate rostering (MERAS MECA 8.2 d)
- A break of at least twelve continuous hours must be provided wherever possible between two periods of a full shift or more (MERAS MECA 8.3 a)
- No 12 hour roster shall contain breaks between shifts of less than eleven consecutive hours. No 10 hour roster shift shall contain breaks between shifts of less than nine consecutive hours, then the payment provisions of clause 8.3 shall apply. Note if the midwife requests a lesser break, the overtime payments will not apply (MERAS MECA 8.3 b)
- If a break of at least nine consecutive hours can not be provided between periods of a full shift, the shift is to be regarded as continuous until a break of at least nine continuous hours is taken, and shall be paid at overtime rates, with proper regard to the time at which it occurs and the amount of overtime which precedes it (MERAS MECA 8.3 e)
- The start/ finish times of shifts may be adjusted in discussion with affected staff and MERAS to create alignment where possible between 8 and 12-hour shifts.

## **Annual Leave and Education Leave**

- All midwives should be given a fair opportunity to attend educational opportunities. Prior approval needs to be sought where these will occur in working hours.
- An annual leave planner should be available to assist midwives in leave planning.
- Access to leave during school holidays and other peak times should be planned early and allocated in a fair way.
- All midwives should have the opportunity to have at least one period of 2 weeks annual leave every year.

## **On-call provisions**

- In the interests of healthy rostering practices, the parties agree that the allocation of on-call time should be spread as evenly as practicable amongst those required to participate in an on-call roster (MERAS MECA 8.6 a)
- In services where the employer's operational requirements and staffing permit, midwives working seven- day rosters should not be rostered on call on their rostered days off. The parties accept that this will not always be possible (MERAS MECA 8.6 f)
- Except by mutual agreement or in emergencies, no midwife shall be required to remain on call for more than 40% of the midwife's off-duty time in any three-weekly period. The off-duty time excludes days off (MERAS MECA 8.6 d)
- A midwife who is required to be on call and report to duty within 20 minutes on average shall have access to an appropriate locator or cell-phone (MERAS MECA 8.6 g)
- In any maternity service where on-call is required, agreement should be reached between the midwives and midwife manager as to how the on-call should be allocated, the purpose for the on-call and how any shift hours are covered where the midwife cannot work these due to the impact of call-back hours.
- Factors to consider when developing on-call provisions include:
  - On-call can occur before or after a rostered shift
  - Midwives should not be rostered on-call after a night shift or between two 12- hour shifts
  - Do not create a situation where a midwife could complete a 12- hour shift and then due to call back end up working more than 16 hours (ie a midwife

could potentially choose to be on-call for 4 hours after a 12 hour day shift and then someone else take over the night on-call).

- On-call periods do not need to mirror the shift hours so could be rostered in small blocks such as 4 hours or 8 hours (overnight).
  - Where possible midwives who work 1.0fte should be exempt from compulsory on-call requirements
  - A midwife needs to consider 'fitness to continue working' after she has worked for a 12 hour period which may have started during her period of on-call & call-back.
  - Agree how a rostered shift or part of will be covered if a midwife cannot work all or some of that shift due to a period of call-back and 'fitness to continue working' considerations
  - Midwives who work on casual contracts can participate in on-call rosters
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- The frequency and time of call-back hours should be monitored and other options instead of on-call explored when call-back becomes frequent.
  - Time spent off duty during ordinary working hours solely to obtain a nine-hour break, shall be paid at ordinary time rates. Any absence after the ninth continuous hour of such a break, if it occurs in ordinary time, shall be treated as normal absence from duty (MERAS MECA 8.3g)
  - If a call back of less than a full shift is worked between two periods of a full shift or more, a break of nine continuous hours must be provided, either before or after the call-back. If such a break has been provided before the call-back it does not have to be provided afterwards as well (MERAS MECA 8.3h)